INSERT DATE

**STRICTLY PRIVATE AND CONFIDENTIAL**

**ADDRESSEE ONLY**

INSERT NAME

INSERT ADDRESS

Sent by Email to: (If applicable)

Dear NAME

**Sickness Absence and Attendance at Work Procedure – Stage 1 or 2 (Delete as appropriate) Interim Review Meeting**

Further to your Stage 1 (or 2) meeting held on INSERT DATE I write to advise you that a three month interim review meeting has been arranged to assess your progress in accordance with the above procedure; a copy of which you have received.

**Date: (INSERT)**

**Time: (INSERT)**

**Venue: (INSERT)**

You have the right to be represented at this meeting by your trade union representative or to be accompanied by a workplace colleague. It is your responsibility to make arrangements for representation should you so wish.

Please confirm your attendance via e-mail INSERT EMAIL or telephone INSERT NUMBER.

If you or your representative are unable to attend this meeting, you are required to provide me with an alternative date within seven calendar days of the date arranged for the meeting.

Should you consider yourself to have an adaptation requirement in order to attend the meeting, please contact me immediately so that the necessary arrangements can be made.

You were encouraged that if you wish to speak to anyone in confidence or in order to receive counselling during this period the Trust has a Staff Support Service who may be contacted on 0121 371 7170, alternatively you can email StaffCounselling.Services@uhb.nhs.uk. In addition to this, you can also access the staff wellbeing page from home by typing “UHB Wellbeing” into Google search.

You may also wish to speak in confidence with the Freedom to Speak up Guardian or Confidential Contacts who can be approached via email at FreedomToSpeakUpGuardian@uhb.nhs.uk or telephone on 0121 371 7221.

If you have any queries regarding this matter, please do not hesitate to contact me.

Yours sincerely

**NAME**

**TITLE**

**Department**

**Ext:**

Cc: Personal File copy

 NAME, (Senior) HR Advisor (If applicable) **(Stage 2)**

 NAME, Trade Union Representative (if known/if applicable) **(Stage 2)**

Enc Sickness Absence and Attendance at Work Procedure